

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2001 URP
Katherine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/18/02--01072-022
****150.00 ****150.00

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DOCUMENT # **P 97 0000 98639**

Corporation Name

IRN of CENTRAL FLORIDA, INC.

Principal Office Address

1113 SANFORD AVE

Suite, Apt. #, etc.

Mailing Office Address

P O Box 1772

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32772

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3476947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES LEE

Street Address (P.O. Box Number is Not Acceptable)

1111 SANFORD AVENUE, SANFORD, FL 32771

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

James Lee

REGISTERED AGENT MUST SIGN

Date **12/20/2001**

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M.	JAMES LEE	1111 SANFORD AVE SANFORD, 32771	SANFORD, FL 32771

I, certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James Lee James Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/01

Daytime Phone #

407-262-3262

CR2E081 (9/00)

IRN of CENTRAL FLORIDA, INC.

PO Box 1772
Sanford, Fl. 32772
407-262-3262
Fax: 407-321-1846

2012

December 21, 2001

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida
32314

SUBJECT: IRN of CENTRAL FLORIDA, INC.

Enclosed please find an original and one copy of the Reinstatement Form for **IRN of Central Florida, Inc.**, and a reinstatement check for \$150. Previous notices from the State for reinstatement were not received.

From: *James Lee*

IRN of Central Florida, Inc.

James Lee, Manager

PO Box 1772

Sanford, Fl

32772